

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>an</i>	<i>32</i>	<i>1/2</i>
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

BEST AVAILABLE COPY

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	11/1/01
2	✓	✓	11/1/01
3	✓	✓	11/1/01
4	✓	✓	11/1/01
5	✓	✓	11/1/01
6	✓	✓	11/1/01
7	✓	✓	11/1/01
8	✓	✓	11/1/01
9	✓	✓	11/1/01
10	✓	✓	11/1/01
11	✓	✓	11/1/01
12	✓	✓	11/1/01
13	✓	✓	11/1/01
14	✓	✓	11/1/01
15	✓	✓	11/1/01
16	✓	✓	11/1/01
17	✓	✓	11/1/01
18	✓	✓	11/1/01
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If more than 150 claims or 10 actions  
 staple additional sheet her

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C.C.  
 03-22-01